

# Application

LUTHERAN HIGH SCHOOL OF SAN DIEGO

## APPLICATION FOR RE-ENROLLMENT

# \_\_\_\_\_  
rcd 'A' 'B' 'I' \_\_\_\_\_  
pd\$ \_\_\_\_\_  
ck# \_\_\_\_\_

PLEASE PRINT OR TYPE

Date of Application \_\_\_\_\_ Academic Year \_\_\_\_\_ Class of \_\_\_\_\_

### PERSONAL

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_  
*Last First Middle*

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
*Street City Zip*

Church Membership \_\_\_\_\_ Pastor \_\_\_\_\_

Church Address \_\_\_\_\_

Ethnicity  African-American  Anglo/White  Asian/Pacific Islander  Hispanic  Native American  Other

### EDUCATION HISTORY

List in order all schools previously attended. Begin with the most recent.

<u>School Name</u>	<u>City</u>	<u>Grades Attended</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Which public high school would the student ordinarily attend? \_\_\_\_\_

Has the student ever been suspended or expelled? If yes, explain briefly and/or make attachment. \_\_\_\_\_

Does the student have a professionally documented learning disability? If yes, explain briefly or make attachment. \_\_\_\_\_

### FAMILY

(If church employee, please include position and hours per week.)

Father's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*Last First Middle*

Address (if not living with student) \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_

Church Membership \_\_\_\_\_ Pastor \_\_\_\_\_

Highest College Degree \_\_\_\_\_ Years of Educ. Completed \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*Last First Middle*

Address (if not living with student) \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_

Church Membership \_\_\_\_\_ Pastor \_\_\_\_\_

Highest College Degree \_\_\_\_\_ Years of Educ. Completed \_\_\_\_\_ E-mail Address \_\_\_\_\_

Other Guardian's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*Last First Middle*

Address (if not living with student) \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_

Church Membership \_\_\_\_\_ Pastor \_\_\_\_\_

Highest College Degree \_\_\_\_\_ Years of Educ. Completed \_\_\_\_\_ E-mail Address \_\_\_\_\_

Please complete back side of form also

Names of brothers and sisters  
not enrolled now at Lutheran High

Ages

If school age, where enrolled

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you learn about Lutheran High School?  elementary school  at church  phone book  LHS alum  another LHS family  other  
Explain "other" or which LHS family? \_\_\_\_\_

What were the primary factors in making your decision to apply to LHS? \_\_\_\_\_

**STUDENT AGREEMENT**

1. I desire to receive a Christian Education at Lutheran High School.
2. I am committed to follow the rules, to work hard and to help maintain a Christ-centered atmosphere at school.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parental Agreement**

We herewith concur with the enrollment of our student and accept all school regulations as set forth in the *Handbook*. We understand that the registration fee for enrollment is non-refundable. In order to assure the best possible success of our student at Lutheran High School, we will support the school in Christian training in every way possible. We understand that this application will not be officially considered or processed for admission until it—along with the Confidential Principal/Counselor's Recommendation and Registration Fee—is received by the school. We understand our financial responsibility, the school refund policy and are committed to meeting tuition obligations fully and in a responsible and timely fashion. We understand that each enrollment is for one year at a time. **We have fully informed the school of any physical, emotional or educational disabilities our student may present and any special needs required.** We certify that all statements made on this enrollment form are correct, accurate and complete. We will work hard to support the teachers and the general mission of the school through prayer and participation.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Step-parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

We give our permission to publish our name, address and phone number in a school directory. This would only be available for the information of other parents.  Yes  No

Name/address/signature of person(s) responsible for payment of tuition and fees *if different from names above.*  
Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Anticipated Payment Schedule (International Students Please see Separate Payment Plan through IEM)**

- A. ( ) 1 Payment - due July 1 (2% discount)  
*All who wish to distribute their tuition expense monthly, are required to participate in the **Thrivent Simply Giving** tuition plan which will permit the payment schedule below. For more details ask for a brochure and application.*
- B. ( ) 2 Payments - due July 1 and December 1
- C. ( ) 11 Payments - due monthly July through May (date of withdrawal selected by parent for **Thrivent Simply Giving** program)

**Return to:** Lutheran High School · 810 Buena Vista Way · Chula Vista, CA 91910-6853 · 619.262.4444 · Fax 603.691.0424